

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/542951** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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16						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32			1			
33			1			
34			2			
35			2			
36			2			
37			2			
38			2			
39			2			
40			2			
41			2			
42			2			
43			2			
44			2			
45			2			
46			2			
47			2			
48			2			
49			2			
50			2			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					2	
52					2	
53					2	
54					2	
55					2	
56					2	
57					2	
58					2	
59					2	
60					2	
61					2	
62					2	
63					2	
64					1	
65					2	
66					2	
67					2	
68					1	
69					1	
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					2	
90					2	
91					2	
92					2	
93					1	
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					4	
TOTAL DEP.					131	
TOTAL CLAIMS					135	